SACRAMENTO COUNTY

Sacramento County Department of Health Services
Mental Health Contractor Minimum Qualifications (MQ):
Foster Family Intervention, Resources, Services, and Treatment (FFIRST)

The Sacramento County Department of Health Services (DHS), Behavioral Health Services (BHS), has developed the following MQs. These MQs are required for Foster Family Agencies (FFA), to request from BHS a mental health contract to provide intensive, highly coordinated, trauma-informed, and individualized Specialty Mental Health Services (SMHS) for youth placed in their FFA homes. FFAs must also have a current Memorandum of Understanding (MOU) with Department of Child, Family, Adult Services (DCFAS) County Child Protective Services (CPS) and/or Probation. The design of this program will consist of tiered services to allow a youth to flow through different mental health and Wraparound services depending on need. For example, a youth may begin with Wraparound-level services to assist in the transition from a Short-Term Residential Treatment Program (STRTP) to an FFA home. As the youth's behavior stabilizes and adapts to the home's routines, the Child and Family Team (CFT) may determine that Flexible Integrated Services (FIT)-level services are more appropriate. The CFT may also recommend Therapeutic Behavioral Services (TBS) which may be implemented on a short-term basis throughout placement to assist with one or two specific problem behaviors that affect placement stability. With the exception of TBS staff, mental health staff must be cross trained to allow for the same staff to maintain continuity with the client. FIT and Wraparound services are a broader range of therapies and interventions whereas TBS is intensive, targeted and specialized service. TBS requires staff to work one to one with the child in the location where the behavioral concern exists as many hours as necessary to have an impact on the behavior. TBS staff must have specialized training that includes applied behavioral analysis and conducting functional assessment/analyses.

FFAs must be pre-approved by the County and have the capability to provide high fidelity Wraparound services and the full array of outpatient FIT SMHS, including mental health therapy and non-therapy services, medication support, case management, peer supports, intensive care coordination, intensive home-based services, and crisis intervention and when necessary, adjunctive TBS. Upon meeting all the MQs below, an FFA may request a mental health contract with Sacramento County DHS BHS to be reimbursed for medically necessary outpatient SMHS (including FIT and TBS) and Wraparound provided during a youth's foster care stay. All contracts begin upon execution of the contract and continue until June 30th each fiscal year. No services, billing or claiming may occur without an executed contract and Medi-Cal certification. SMHS are limited to treatment and peer services and shall not cover the cost of board and care or other placement related services for which the FFA is reimbursed through the placing agency. FFAs are required to time study to ensure staff are coding only mental health services by qualified staff.

Services Outline

SMHS are divided into three types of service models based on the intensity and needs. FFAs must be able to provide all three types of services and determine the appropriate level of service for the youth in agreement with the CFT. Service models include FIT, TBS, and Wraparound services. FFAs that meet minimum qualifications will be able to provide appropriate level of care in all three models.

Flexible integrated Treatment (FIT) Contracting Requirements

1. **Program Description**: FFAs will provide strength-based, culturally competent, flexible and integrated, child/youth-centered, family driven, effective quality mental health services. Services will include client and family (as defined by the client and not disallowed by the courts) voice and choice and be provided in collaboration with child serving systems, agencies and other individuals involved with the child/youth. Client and client defined family will have a high level of decision-making power and be encouraged to use their natural supports. Services will begin with the goal of wellness.

2. **Individuals Served:** All eligible children and youth, as defined by the Sacramento County, BHS, Policy and Procedure QM-01-07 Determination for Medical Necessity and Target Population identified who need FIT, wraparound and/or TBS by the assigned FFA. These children and youth will be involved with the child welfare system and/or juvenile justice system. Youth involved in Adoption Assistance Program (AAP) are not eligible for the services under this MQ as they are eligible for other services per AAP regulation.

3. **Service Requirements:**
   FFAs shall:
   a. Provide, document and claim outpatient specialty mental health services that includes codes outlined in Sacramento County's Procedure Code Manuals which includes: Assessment Codes, Crisis Intervention Codes, Medication Support Codes – Evaluation and Management (E&M), Peer Support Service Codes, Plan Development Codes, Referral Codes, Rehabilitation Codes, Supplemental Service Codes, Therapy Codes. See Addendum A.
   b. Identify and use at least 1 evidence-based intervention and practice(s), community defined practice(s), and/or promising practice(s) and will register the practice with Sacramento County, BHS, Quality Management (QM).
   c. Provide services within conventional mental health treatment or treatments that are intended for use with the age or developmental level of the client.
   d. Provide Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS) in alignment with the Medi-Cal Manual for ICC, IHBS, and Therapeutic Foster Care (TFC) Services for Medi-Cal beneficiaries.
   e. Have the Licensed Practitioner of the Healing Arts (LPHA)/LPHA Waived staff conduct intervention review meetings every 30 days to discuss progress and identify solutions to improve behaviors and functioning with the team members who implement interventions for children/youth receiving IHBS and/or TBS services. Intervention review meetings may occur more frequently depending on the child/youth's need and intensity of services.
   f. Have the LPHA/LPHA Waived staff provide at minimum quarterly face-to-face coaching to caregivers and other team members providing IHBS to provide intervention support and feedback.
   g. Transition all services and facilitate an appropriate discharge and linkages when the family is able to function more independently, and generalization of skills has been sustained. Consideration shall be made regarding the child's new habits and patterns

of behavior and if the family can implement the interventions and sustain new skills, in coordination with the CFT.

h. Facilitate CFT Meetings in accordance with the Continuum of Care Reform requirements and in compliance with BHS policy, MH 04-10 Child and Family Team

4. FFAs shall assess for level of service need and provide flexible integrated treatment appropriate to the presenting symptoms and impairment, developmental age and at a frequency and therapeutic intensity to have an impact on the target behaviors and as agreed to by the CFT.

a. Assessment and Client Plans:

i. Assess level of service needs, contractor will complete Child and Adolescent Needs and Strengths (CANS) assessment for all youth ages 6-20 years within 60 days of beginning services, but prior to the treatment plan completion date, and then every six (6) months from the admit date or more often, if clinically indicated, and at discharge.

ii. Complete the Pediatric Symptom Checklist 35 (PSC 35) or other required measurement tool within 60 days of beginning services, but prior to the treatment plan completion date, and then every six (6) months from the admit date or more often, if clinically indicated, and at discharge.

iii. Ensure that the individualized treatment plans reflect treatment objectives and goals and level of service needs, and are completed annually or more often, if needed, to reflect changes in accordance with Sacramento County requirements or child/youth need. Individualized treatment plans include information of a child/youth's natural support systems including, but not limited to family members, caregivers, peers, employers, or teachers.

b. Provide integrated treatment

i. Include educational services and support partners.

ii. Provide co-occurring substance use services

iii. Collaborate with physical health care systems

iv. Partner with Child Welfare and Probation in accordance with Continuum of Care Reform

v. Include natural supports in all aspects of treatment

vi. Compliment, not supplant, necessary Regional Center Services

c. FFAs will ensure that Mental Health Rehabilitation Specialist (MHRS) and/or Other Qualified Professional (OQP) staff providing supportive in-home services receive clinical supervision on plan development and implementation of interventions. Therefore, FFAs will have one (1) LPHA/LPHA Waived staff for every six (6) to eight (8) MHRS and/or OQP Full Time Equivalent (FTE)'s.

Therapeutic Behavioral Services Contracting Requirements

1. Program Description: TBS is a supplemental program designed to complement an ongoing SMHS such as Wraparound or FIT. TBS interventions are intensive, short-term,

home, virtual, school or placement-based, and are 1:1 behavioral interventions. Trained behavioral staff teach the child, caregivers, educators, and/or Transition Age Youth (TAY) youth effective skills to improve functioning and address specific target behaviors that place the youth at risk of a placement disruption. Interventions are strength-based, individualized, short term, culturally responsive and affirming of sexual orientation, gender identity and expression (SOGIE). Individualized support helps families recognize and expand their own strengths, allowing the family to stabilize and improve overall functioning.

Some of the common outcomes that help prevent youth from entering higher levels of care or allow for step down from higher levels of care are:

a. Reduce tantrums & aggressive behaviors
b. Reduce rigidity & increase resilience and coping
c. Increase community safety
d. Reduce power struggles & improve parenting skills and/or caregiver harmony
e. Improve communication
f. Adapt behaviors that adversely affect quality of life

Interventions may include but are not limited to: behavioral assessment, development of a plan and inclusion of family members, caregiver and significant support persons in services provided to individuals and skill building.

Family members/caregivers share responsibility for the success of the TBS services. It is critical that programs have family members/caregivers participate with TBS to learn new skills to support and sustain positive behaviors.

2. Service Requirements:

FFAs shall:

a. Provide one on one, time limited community-based, family-centered support services for families who have a child/youth with severe emotional disturbances. Services will include short-term interventions necessary to maintain the child/youth in their home or step them down from a higher level of care.
b. Provide professional one to one interventions that meet the principles of a behavioral model that includes the goal of seeking to change targeted behavior(s) to a meaningful degree.
c. Services begin with a comprehensive functional assessment and safety planning. Assessments must be completed in a timely manner while safety planning is conducted and completed in parallel. Assessments involve interviews with client, caregivers, support persons and teachers. Observable events where the functional impairment exists should be quantified and classified.
d. Help the resource family identify outside resources that support sustained change in a targeted behavior (when appropriate), and work on skills development with the youth, caregiver and other natural supports to further support sustained change in a targeted behavior.
e. Participate and contribute to family driven CFTs to develop, monitor, identify solutions

and provide updates about client care. During and between CFT meetings, timely collaboration and coordination with all members of the CFT are an essential component to TBS.

f. Include assisting the family to recognize and build their strengths with psycho-education in areas such as: positive behavioral supports, developmental stages, importance of consistency and persistence, self-empowerment and how to live life outside of crises. Services include but not limited to:
    i. Identify strengths, competencies, resources, and options
    ii. Determining the function of a specific target behavior
    iii. Teach new and adaptive behaviors that support the identified function of the behavior
    iv. Generalize skills to multiple settings
    v. Examine with the family the impediments to achieving their goals
    vi. Identify additional services and support, when needed
g. TBS is not a crisis response program. However, contractors will be responsible for managing a crisis if one arises during a session.

3. Individuals Served: To be eligible for children's TBS under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, the child/youth must be under the age of 21, and meet the following eligibility criteria:

a. Full-scope Medi-Cal beneficiary
b. Currently receiving other Sacramento County SMHS including FIT or wraparound
c. Highly likely that, without additional support:
    i. Child/youth may need higher level of residential care or acute care
    ii. Child/youth may not successfully transition to lower level of care.

<u>And at least one of the following:</u>

- Placed in a STRTP or a treatment facility for mental health needs or stepping down from these facilities to an FFA.

<u>or</u>

- Being considered for placement in these facilities.

<u>or</u>

- Has had or is at risk of having at least one psychiatric hospitalization related to their current presenting disability within the past 24 months.

<u>or</u>

- Previously received TBS and needs it again, if clinically appropriate.

<u>or</u>

- At risk of hospitalization in a psychiatric facility or if the behavior could result in hospitalization.

4. TBS Staffing:

Due to the expected frequency and intensity of TBS, the recommended client to staff ratio is one FTE direct service staff for every five clients. This may vary depending on stage of treatment and individual client needs. FFAs are expected to have staff necessary to meet the needs of the child/youth and family at their stage of treatment and demonstrate how

that staffing fits within the model of care the contractor will deliver. The staffing composition may include paraprofessionals to licensed clinicians. TBS staff must meet Medi-Cal documentation standards. Program staff will be reflective of the cultural, racial, ethnic and linguistic diversity of Sacramento County whenever possible.

Wraparound Contracting Requirements

1. **Program Description:** FFAs are expected to provide High Fidelity Wraparound (HFW) services that are strength-based, culturally competent, trauma informed, flexible, integrated, child/youth-centered, family driven, developmentally appropriate, and cost-effective to all eligible beneficiaries, to include those with serious emotional disturbance, and at-risk eligible children and youth under the age of 21. Services will be designed to address placement stability and permanency in family style settings and decrease utilization of congregate care, inpatient hospitalization, juvenile justice and out of home placement. Families have a high level of decision-making power at every level of the Wraparound process. Services will include family voice and choice and be provided in collaboration with child serving systems, agencies and other individuals involved with the child/youth (such as schools, probation, child welfare, health care, etc.). Families will be encouraged to use their natural supports. Wraparound efforts are based in the community and encourage the family's use of their natural supports and resources. Wraparound plans include a balance of formal services and informal community and family resources, with greater reliance on informal supports over time. Services will begin with the goal of wellness and permanency. Services will incorporate temporary, short-term homelessness interventions, as appropriate. The Wraparound process is culturally relevant, building on the unique values, preferences, and strengths of children, youth, and families, and their communities. Team members are persevering in their commitment to the child and family. Outcomes are determined and measured for the system, for the program, and for the individual child, youth and family. Wraparound teams have adequate and flexible funding. FFAs may take up to **12** months from the date of an executed contract with BHS to be fully trained in HFW and may provide Wraparound services during that time. Appropriate supervision to staff in the HFW model must be provided during that time to ensure fidelity to the model. The program will have as the ultimate goal, certification in HFW by the National Wraparound Institute or by the State when that certification becomes available.

2. **Service Requirements**:
   FFAs shall:
   a. Promote recovery and optimize community functioning (community, home, and school) by utilizing the HFW Model.
   b. Decrease utilization of congregate care, inpatient hospitalization, juvenile justice, and out of home placement.
   c. Improve permanency and family and foster care stability.
   d. Provide timely and appropriate linkage and coordination with key services impacting the client's health and well-being (e.g. Primary Care, Education, Child Welfare,

Probation, etc.).

e. Promote child, youth and parent involvement through family voice, choice and preference.
f. Use a community-based service delivery system.
g. Provide non Medi-Cal billable flexible services and supports "Sac Codes" using the most recent version of the Sacramento BHS Procedure Code Manual when appropriate to maximize the benefit to youths and families.
h. Enhance individual strengths by creating intervention plans that reflect and build on the child, youth, and family strengths.
i. Approach service delivery through an integrated system.
j. Create independence and stability.
k. Provide interventions that meet a child, youth, and family's identified needs, and fit with their culture and preferences.
l. Create an individualized plan to coordinate responses in all life domains.
m. Focus on achieving goals through collaboration.
n. Access flexible funding to support the child, youth, and family team goals and to address stressors.
o. Stabilize or transition children and youth to a family setting.
p. Support children, youth, and families in meeting court mandates.
q. Enhance safety, permanency, and well-being.
r. Integrate trauma-informed practices.
s. Support, achieve, and measure positive outcomes.
t. Support access to other community-based services that are necessary to ameliorate the mental health condition that may be outside of the scope of this program in coordination with the CFT and in accordance with BHS policies and procedures and training materials provided through the BHS quality management team.
u. Aftercare Requirements:
    i. Per BHIN 21-062, all youth in the placement and care responsibility of child welfare or probation, and who are transitioning from a STRTP to a family-based setting, shall receive at least six months of aftercare services.
    ii. Aftercare services will be provided consistent with California's HFW model, and programs will fully comply with the California Wraparound Service Standards, per ACIN I-52-15 or current All County Letter (ACL). The All County Information Notice (ACIN) provides copious detail of the standards. FFAs will embrace the program goals noted above and will also adhere to the HFW Principles contained in the ACIN.

Youth Eligibility:

1. Clients must be under 20 years old and have full scope Medi-Cal.
2. Each youth's referral for eligibility is evaluated individually.
3. Wraparound clients have the highest level of need in terms of behavioral health intervention.
4. Clients may have a history of multiple placements/failed placements.
5. Wraparound clients are provided at least six months of Wraparound aftercare upon discharge from a STRTP unless the client declines.
6. Wraparound services are indicated to assist a youth in adjusting to a home-based

environment of care, when transitioning from a STRTP, or from another home-based setting.

7. Clients are eligible for Wraparound if their placement is in jeopardy, or if placement stability is in question.

Program Training Requirements:

FIT, WRAP and TBS staff will receive training in:

a. Clinical characteristics of core target population, required services such as co-occurring substance use, service planning, risk assessments, safety planning, psychiatric rehabilitation, skill-based groups, Targeted Case Management, family education /intervention, crisis management, relapse prevention and reading of or orientation to Sacramento County policies relevant to the job description. Provide evidence in quarterly report that staff has completed such trainings. As appropriate for classification, designate staff to attend all County required trainings as identified by County.
b. A Crisis Intervention Training (e.g. Therapeutic Crisis Intervention Training, etc.)
c. CPR and First Aid. These certificates must stay current.
d. On Peer services and supports for clients engaging with services and for outpatient enrolled clients to support in meeting their individualized recovery goals. This includes informing clients about recovery and services, one-on-one peer counseling and crisis intervention, training, advocacy, connecting to resources, experiential sharing, building community, relationship building, group facilitation, skill building/mentoring/goal setting, socialization/self-esteem building, team communication and assistance with overcoming barriers to seeking services due to racial, ethnic, cultural or language barriers.

WRAP staff will be trained:

a. Wraparound Training Guidelines are contained in, ACIN I-52-15, and will be included as part of the HFW training curriculum.

TBS staff will be trained:

a. TBS personnel must complete the TBS Core Training.
    i. TBS Core Training must incorporate cultural competence skill sets within all education and training opportunities in the following areas:
        a) Best Practices
        b) Family Engagement
        c) Functional behavioral analysis
        d) Applied behavioral analysis
        e) Strength based assessments and service delivery
        f) Training TBS supervisors for fidelity adherence
        g) Behavioral coaching and support
        h) Case consultation
    ii. FFAs are responsible for administering an appropriate posttest or certificate of completion from a reputable training entity to ensure mastery of the above material and follow up with supervision. A student must achieve a passing grade on each test to be certified. Failed modules can be repeated according

to agency training schedules.

Program Staffing:

There is no prescribed or predetermined standard client to staff ratio in FIT. TBS has a 1:5 staff to client ratio and WRAP has a 1:9 staff to client ratio. For all program service types FFAs are expected to have staff necessary to meet the needs of the child/youth and family, which includes high intensity services. Program staff must meet Medi-Cal documentation standards, and will be representative of the cultural, racial, ethnic and linguistic diversity of Sacramento County. The following list is an example of a staffing composition for Outpatient level services:

1. LPHA conducts assessments and treatment planning, provides oversight and direction to the treatment team, individual and family therapy, crisis intervention, and family intervention and support.
2. MHRS performs a wide variety of duties including intensive care coordination services and social rehabilitation services with a wellness and recovery focus; assists and supports team members and youth. MHRS's will have broad knowledge of co-occurring disorders supports, employment resources, benefits and entitlements, community supports, etc.
3. OQP: provides social rehabilitation, models behaviors and teaches/demonstrates skills to client and family, provides feedback on interventions to the team, as well as crisis intervention and support, as a part of the coordinated treatment plan.
4. Peers utilize their lived experiences to support others, contributing to a comprehensive approach to mental health and wellness
    a. Youth Peer: Collaborates with treatment team, participates in treatment planning to help shape services that meet young people's needs effectively, empowers youth by providing mental health support, reducing isolation, and increasing self-help skills.
    b. Family Peer: Offers hope, guidance, advocacy, and camaraderie for parents and caregivers of children and youth. Provide education, information, and peer support based on their own experiences parenting children with challenges. Assist families in navigating complex child-serving systems and accessing resources.
5. Nurse Practitioner or Physician's Assistant: Provides psychiatric assessments, health screenings, develops medication plan, and coordinates follow up care. May prescribe medication per regulation and under physician supervision.
6. Licensed Vocational Nurse (LVN) / Licensed Psychiatric Technician (LPT) provides medical/medication training for staff, conducts health screenings, develops medication plan, provides medication education, and administers medications as prescribed and may act as a prescriber's proxy in refilling medication accordance with County policy.
7. Psychiatrist: Provides initial psychiatric assessment and evaluation, develops medication plan, prescribes medication, and coordinates follow-up care; provides oversight to medical staff.
8. TBS Facilitator: Implements interventions directly with the youth, educator or caregiver. At each review meeting, the TBS Facilitator will give feedback regarding how the previous month's plan was implemented and the responses. Based on feedback from the team, the behavioral plan will be updated each month. Due to the expertise required, these staff may not cross into other programs and must be exclusive to TBS unless pre-approved by BHS. TBS staff must follow the principles of behavioral work with the following:

a. ABA (Applied Behavior Analysis) are evidence-based techniques and interventions based on the principles of learning and behavior. These services aim to improve social, communication, and adaptive skills through systematic interventions that encourage positive behaviors and reduce those that may interfere with learning or engagement.
b. Functional Behavioral Analysis (FBA) is a process that seeks to identify and understand the purpose behind challenging behaviors. It will be used to create strategies that address and modify those behaviors, often within educational settings.

Minimum Qualifications:
FFAs must agree to the scope of services and staffing and meet ALL of the criteria below and be able to successfully administer a successful FIT, WRAP and TBS program.

All FFA providers requesting a contract with Sacramento County DHS BHS should respond to this FFA Open Enrollment process by submitting MQ documentation for the first 3 MQs listed below and the 4th MQ if applicable to DHS-BHS-OE-FFIRST@saccounty.gov
Interested providers may also inquire about the contracting process and request assistance in understanding the requirements by emailing this box.

1. Must have a current MOU with CPS as an Intensive Services Foster Care (ISFC) provider and submit a copy.
2. FFA must submit a maximum of three pages, double spaced narrative describing how FFA will deliver mental health services and supports that include FIT, TBS and Wraparound to children and families, including psychiatric services.
3. FFA must submit a written policy that demonstrates a commitment to not refuse or discharge youth from services because of the severity or nature of their needs.
4. FFAs will have at least three years of experience collaborating with Sacramento County Behavioral Health providers or three years of experience collaborating with Behavioral Health Providers in other counties. FFAs that have experience collaborating with only other county providers, must submit a maximum of three pages, double spaced narrative that describes how that collaboration will support relationship building and provision of services in Sacramento County.
5. Adhere to the HFW Model and follow the HFW Wraparound Phases. Initiation of Certification training in the HFW model is required of programs, staff and managers within 6 months of contract execution and must be maintained while under contract with BHS.
    a) Utilize the Wraparound Fidelity Assessment System (WFAS).
    b) Will provide and enter data into the WrapStat system through the National Wraparound Implementation Center (NWIC) and the University of Washington (UW) databases, consistent with the agreements approved through DHS BHS, Probation and CPS, and FFAs.
6. Homes serving Sacramento County foster youth must be located within Sacramento County. For homes outside of Sacramento County, the out of county home can claim Sacramento County Medi-Cal if the youth is a Sacramento County resident and the FFA is Medi-Cal certified in alignment with Sacramento County BHS policies.
7. Obtain County approval in writing at the time of contract negotiation for subcontracting any portion of the work.
8. Have experience providing mental health and co-occurring mental health and substance

abuse services and/or ISFC services to youth under the age of 21 living with severe emotional disturbance and/or a serious mental illness and their families.

9. Have experience collaborating with school districts, child welfare, law enforcement, court systems, housing resources and health care systems.
10. Ensure outcomes include consistency and skills of staff facilitating Child and Family Team (CFT) meetings
11. FFAs must be able to meet the following staffing requirements for the primary mental health services:
    - California Board Certified Child/Adolescent Psychiatrist on staff or under contract
    - Licensed clinical head of service (Ph.D., Licensed Marriage and Family Therapist, Licensed Professional Clinical Counselor, Licensed Clinical Social Worker, etc.)
    - Designated quality management staff for continuous quality improvement and Medi- Cal billing/claiming integrity.
    - Clinical oversight/supervision manager
    - Additional clinical and Peer staffing requirements as stipulated by California DHCS
12. Must become Medi-Cal certified prior to any delivery, billing or claiming of Medi-Cal services.
13. Must have the technology infrastructure in place, per Sacramento County DHS guidelines, BHS Electronic Health Record to successfully bill and claim SMHS, using Sacramento County Smart Care.
14. Have the ability to submit, meet, and abide by any applicable state, federal, and county laws, statutes, regulations and certifications pertinent and necessary to the operations of an outpatient mental health program at the time of contract execution.
15. Comply with rigorous data collection, reporting, and audits, with the capability to implement program changes based on findings.
16. Must have the willingness to transition children and families currently in treatment to other levels of care as clinically appropriate.
17. Be in compliance with any outstanding corrective action plans.

ADDENDUM A: SERVICE CODES

Code Type	SmartCare Simple Procedure Name	Procedure Code Description	Code
Assessment Codes	**Assessment LPHA**	Used for completing or updating the Core Assessment that includes the seven (7) domains. This should also be used for completion of the CANS, PSC-35, the ANSA or any other assessments required by contract. The evaluation may include communication with family or other sources and review of records that will assist in determining medical necessity and diagnosis. In certain circumstances one or more support persons (family members, guardians, or significant others) may be seen in place of the beneficiary.	90791
Assessment Codes	**Assessment MD**	Psychiatric diagnostic evaluation with Medical Services is to be used when a prescriber is completing an integrated biopsychosocial and medical assessment, including history, mental status, other physical examination elements as indicated and recommendations for medication services. The evaluation/assessment may include communication with family or other sources, prescription of medications, and review and ordering of laboratory or other diagnostic studies.	90792
Assessment Codes	**Review of Hospital Records**	To be used when conducting a review of hospital records, other mental health records, psychometric and/or projective tests, and other accumulated data for diagnostic and service planning purposes.	90885
Assessment Codes	**Telephone Assessment and Management Service**	Telephone assessment and management service provided by a qualified nonphysician mental health professional to a beneficiary, caregiver, or guardian. This code may not originate from a related assessment service provided within the previous seven (7) days or leading to an assessment service within	98966: 5-10 mins. 98967: 11-20 mins. 98968: 21-30 mins.

		the next 24 hours.	
Assessment Codes	**Assessment Contribution non-LPHA**	Mental Health Assessment by Non-Physician is used when, participating as part of a multi-disciplinary team, a non-physician provider may assist in the assessment process. The non-physician provider may gather psychosocial information including the individual's strengths, weaknesses and needs, family background, social supports, as well as historical mental health and/or physical health information and may assist the individual to identify focus of treatment. Information provided through in-person or telephonic interviews with family/guardians or other sources as necessary may also be gathered by the non-physician provider. Providers allowed to provide a psychiatric diagnostic assessment (with or without medication services) are the only providers who may diagnose a behavioral health disorder and recommend behavioral health services determined to be medically necessary to treat the individual's behavioral health disorder(s). Master Level Students will have access to the CalAIM Assessment and will use this procedure code to claim for completing the assessment during their placement.	H0031
Assessment Codes	**Comprehensive Multidisciplinary Evaluation**	Services related to the completion of a multidisciplinary evaluation (i.e. an evaluation that is administered and informed by professionals from various areas of expertise).	H2000
Assessment Codes	**Nursing Evaluation**	This code may be used by identified nursing staff for the purpose of completing assessment/evaluation specific to their scope of practice.	T1001
Crisis Intervention Codes	**Psychotherapy for Crisis**	Psychotherapy for Crisis is a service where a regularly scheduled visit will not meet the urgent or emergency nature of an individual crisis. The provider uses services such as: assessment, collateral, and therapeutic interventions to explore thoughts, feelings, and behaviors that have contributed to the crisis state. This service is intended to prevent deterioration in individual functioning that may lead to a high level of care,	90839

		hospitalization, or involuntary treatment. For any given period of time spent providing psychotherapy for crisis state, the health care professional must devote his or her full attention to the patient and, therefore, cannot provide services to any other beneficiary during the same period. This service may not be claimed more than once per day for the same client by the same provider.	
Crisis Intervention Codes	**Psychotherapy for Crisis, Each Addl 30 Minutes**	Automatic use of this code will be determined on length of service.	90840
Crisis Intervention Codes	**Crisis Intervention/Mobile Crisis**	A service lasting less than 24 hours which requires more timely response than a regularly scheduled visit and is delivered at a site other than a Crisis Stabilization program. (§1810.209) Services include assessment, collateral, therapy, record review and referral. This service may be provided by all classifications of staff. Clinical providers who are providing crisis intervention should consider whether Psychotherapy for Crisis would be a more appropriate code for the service rendered.	H2011
Medication Support Codes - Evaluation and Management (E&M)	**Medication Support Existing Client**	Standard psychiatry services for established patients. "Established Patient" = The individual has received professional services within the last three years from the physician, or another physician of the same specialty who belongs to the same group practice.	99212: 10-19 minutes 99213: 20-29 minutes 99214: 30-39 minutes 99215: 40-54 minutes
Medication Support Codes - Evaluation and Management (E&M)	**Prolonged Office or Other Outpatient EM Service(s) beyond the Maximum Time**	This code will be added automatically for services that last past the first hour.	G2212
Medication Support Codes	**Oral Medication Administration**	To be used when medical staff provides direct observation of the administration of oral medication taken by the beneficiary. This includes verification of the medication and dosage and then confirming that medication was swallowed.**Per DHCS this code can be used by medical staff within their scope of practice for injectable medication administration.**	H0033

Medication Support Codes	**Medication Training and Support**	This code is used by a provider to train the beneficiary, family members, or other caregivers in the appropriate use of and understanding of prescribed medication, any drug interactions, and potential side effects. Services are to be provided by providers that have the necessary training and is within their scope of practice.	H0034
Medication Support Services	**Medication Support Telephone**	Telephone evaluation and management service provided by a prescriber to a beneficiary, caregiver, or guardian that does not originate from a related E/M service provided within the previous seven (7) days. If the telephone call ends with a decision to see the patient within 24 hours or the next available urgent appointment, the telephone call is considered part of the information gathering of the face-to-face (in-person or Telehealth) E/M service and cannot be billed.	99441: 5-10 mins. 99442: 11-20 mins. 99443: 21-30 mins.
Peer Support Services Codes	**Behavioral Health Prevention Education Service**	This code is specific to Peer Support Specialists who have completed the California Peer Certification process. Utilizing their lived experience, Peer Support Specialists, assists the beneficiary on their recovery journey by acting as a mentor. Services may include: **Educational Skill Building Groups** - Peer Support Specialists will provide a supportive environment in which beneficiaries and their families learn coping mechanisms and problem solving skills in order to help the beneficiaries achieve desired outcomes. These groups promote skill building for the beneficiaries in the areas of socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, and maintenance of skills learned in other support services.	H0025
Peer Support Services Codes	**Self-help/peer services**	This code is specific to Peer Support Specialists who have completed the California Peer Certification process. Utilizing their lived experience, Peer Support Specialists, assists the beneficiary on their recovery journey by acting as a mentor. Services may include: **Engagement** - Peer Support Specialist led activities and coaching to encourage and support beneficiaries to participate in	H0038

		behavioral health treatment. Engagement may include supporting beneficiaries in their transitions between levels of care and supporting beneficiaries in developing their own recovery goals and process. **Therapeutic Activity** - A structured non-clinical activity provided by a Peer Support Specialist to promote recovery, wellness, self-advocacy, relationship enhancement, development of natural supports, self-awareness and values, and the maintenance of community living sills to support the beneficiary's treatment to attain and maintain recovery within their communities. These activities may include, but are not limited to, advocacy on behalf of the beneficiary; promotion of self-advocacy; resource navigation; and collaboration with the beneficiaries and others providing care or support to the beneficiary, family members, or significant support persons.	
Plan Development Codes	**Team Case Conference with Client/Family Present**	This code is to be used by non-physicians when participating in an interdisciplinary team meeting with the beneficiary and/or family member or caregiver. The goal of the meeting should be to identify focus of treatment and discuss potential interventions to address needs and encourage strengths.	99366
Plan Development Codes	**Medical Team Conference, Participation by Physician. Pt and/or Family not Present**	This code is to be used by physicians when participating in an interdisciplinary team meeting when meeting without the beneficiary and/or family member or caregiver present. The goal of the meeting should be to identify focus of treatment and discuss potential interventions to address needs and encourage strengths.	99367
Plan Development Codes	**Team Case Conference with Client/Family Absent**	This code is to be used by non-physicians when participating in an interdisciplinary team meeting when meeting without the beneficiary and/or family member or caregiver present. The goal of the meeting should be to identify focus of treatment and discuss potential interventions to address needs and encourage strengths.	99368
Plan	**Care Management**	"Care management services for	99484

Development Codes	**Services for Behavioral Health Conditions, Directed by Physician**	behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: *Initial assessment or follow-up monitoring, including the use of applicable validated rating scales, *Behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes, *Facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation, and *Continuity of care with a designated member of the care team." **Time for this code will be totaled throughout the month and if the total is more than 20 minutes by the end of the month the claims will qualify for payment.**	
Plan Development Codes	**Plan Development, Non-Physician**	This code may be used by a non-physician to develop a mental health care plan for those services that require a care plan. These services include ICC, TFC and TCM.	H0032
Referral Codes	**Physician Consultation**	Used by a physician when requested to provide an opinion or treatment recommendation. Time may include reviewing beneficiary records, consult via telephone, telehealth, or email, and providing a written report to the requesting health care professional. This does not require a face-to-face between consulting physician and beneficiary. Written or verbal request from the health care professional must be documented in the health care record including the reason for the request.	99451
Referral Codes	**TCM/ICC**	TCM services are activities provided by a provider to help a beneficiary access needed medical, educational, social, prevocational, vocational, rehabilitative, or other necessary community services. The service activities may include communication, consultation, coordination, linkage and referral; monitoring service delivery to ensure beneficiary access to service and the	T1017

		service delivery system; and monitoring of the beneficiary's progress. A TCM intervention may be with family/caregiver, teacher, social worker, probation officer, and/or volunteers (i.e., Big Brother/Sister, and Coaches). A TCM Progress Note documents who was contacted, information gathered or reported, for what purpose/service (if indicated), and the plan of action or follow-up.	
Rehabilitation Codes	**Psychosocial Rehab - Individual**	Rehabilitation services may be provided by licensed or un-licensed provider for the following services: a. Assistance in improving, maintaining a beneficiary's functional skills, daily living skills, social skills, grooming and personal hygiene skills, meal preparation skills, and support resources and/or medication education. b. Services to support independence and self-advocacy. c. Training in leisure activities needed to achieve whole person recovery and positive outcomes.	H2017
Rehabilitation Codes	**Psychosocial Rehab - Group**	Rehabilitation group services may be provided by licensed or un-licensed provider and group topics may include, but is not limited to assistance in improving, maintaining, or restoring a group of clients functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, and support resources; and/or medication education.	H2017
Rehabilitation Codes	**Care Coordination Outside the System of Care**	Wrap Around services are used to support the strengths and needs of the beneficiary and the family. Providers utilize a team approach that include family members, teachers, natural supports, and other service providers involved in the beneficiary's life. This is an intensive level of services and requires enrollment in Wrap Services. Services may be provided in the home and in the community.	H2021
Supplemental Service Codes	**Interactive Complexity**	Interactive Complexity is an add-on code that reflects when there are communication factors that may complicate the delivery of a mental health	90785

		service in the following situations: Staff need to manage maladaptive communication which complicates the case, staff spend time managing a caregiver emotions or behavior which interferes with ability to implement the treatment plan, staff take time discussing or gathering information regarding a sentinel event for mandated reporting. Another example is when staff use of play equipment or other physical devices, or an interpreter or translator, required because of the client's lack of fluency or underdeveloped verbal skills.	
Supplemental Service Codes	**Interpretation or Explanation of Results of Psychiatric or Other Medical**	Provider utilizes this code to explain, educate, and advise families, caregivers, support persons on beneficiary's care and treatment. This can include how to support beneficiaries in their recovery, decreasing symptoms, and increasing strengths. Beneficiary participation is not required during session but information provided to families, caregivers, and support persons should be in line with beneficiary's desired outcomes and interventions. May be used for services previously known as Collateral.	90887
Supplemental Service Codes	**Caregiver Assessment Administration of Care- Giver Risk Assessment**	This code is used to capture the administration of a validated questionnaire or tool to a beneficiary's caregiver or support person. These questionnaires/tool are used to identify a particularly mental health issue.	96161
Supplemental Service Codes	**Sign Language or Oral Interpretive Services**	This code is to be used by the interpreter to capture the services for a non-English speaking or deaf or hard of hearing beneficiary and/or their parent or guardian (for children/youth).	T1013
Therapeutic Behavioral Services	**TBS**	This code will replace all former TBS codes. Services captured by this code can include functional behavioral analysis, development of a TBS plan, and direct interventions. TBS services are intensive and individualized. They are ancillary and provided a minimum of weekly but likely more frequent to support primary mental	H2019

		health and medication services.	
Therapy Codes	**Individual Therapy**	Provider utilizes this code when providing psychotherapeutic interventions to improve symptoms and functioning skills. The aim of psychotherapy is to explore the thoughts, feelings, and behavior of the beneficiary. A variety of clinical interventions and techniques may be used to support recovery and positive outcomes. May be used for services previously known as Individual Therapy.	90832: 30 mins 90834: 45 mins 90837: 60 mins
Therapy Codes	**Psychotherapy with Patient an EM Service**	Physicians may utilize this code when providing psychotherapeutic interventions to improve symptoms and functioning skills. The aim of psychotherapy is to explore the thoughts, feelings, and behavior of the beneficiary. A variety of clinical interventions and techniques may be used to support recovery and positive outcomes.	90833: 30 mins. 90836: 45 mins. 90838: 60 mins.
Therapy Codes	**Family Therapy - Client Present**	Provider utilizes this code when providing psychotherapeutic interventions to the beneficiary's family with the beneficiary present to improve symptoms and functioning skills. The aim of psychotherapy is to explore the thoughts, feelings, and behavior of the beneficiary. A variety of clinical interventions and techniques may be used to support recovery and positive outcomes. Family Psychotherapy may be used to adjust interventions based on observation of interaction between family members.	90847
Therapy Codes	**Group Therapy**	Provider utilizes this code when facilitating a group of beneficiaries using clinical treatment approach targeting specific diagnoses, illnesses or behaviors with specific outcomes and lengths of treatment. Personal and group dynamics are discussed and explored under the supervision of the facilitator. May be used for services formerly known as Group Therapy.	90853